

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589,899

FILING DATE

8-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	1					
4	1					
5	2					
6	1					
7	1					
8	2					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	3					
17	1					
18	1					
19	1					
20	1					
21	8		1			
22	1					
23		1				
24			1			
25			1			
26			1			
27			2			
28			1			
29			1			
30			2			
31			2			
32			6			
33			6			
34			6			
35			1			
36			1			
37			1			
38			3			
39			3			
40			3			
41			5			
42			5			
43			1			
44			1			
45			2			
46						
47						
48						
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	23	←	55	←		←
TOTAL CLAIMS	26		58			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						